RESOURCES FOR PUBLIC HEALTH PLANNING AND EVALUATION

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PROGRAM PLANNING AND EVALUATION

"We must ask where we are and whither we are tending."

- Abraham Lincoln

PROGRAM PLANNING

- Program planning is a process that is designed to address questions such as "What is needed?" and "How will the needs be addressed?" Needs Assessment
- Through a systematic process, the answers to these questions form the basis of an intervention approach

MAP-IT: A GUIDE TO USING HEALTHY PEOPLE 2020 IN YOUR COMMUNITY

Mobilize, Assess, Plan, Implement, Track

- Mobilize partners.
- Assess the needs of your community.
- Create and implement a plan to reach Healthy People 2020 objectives.
- Track your community's progress.

PROGRAM PLANNING BEGINS WITH NEEDS ASSESSMENT - A CASE STUDY

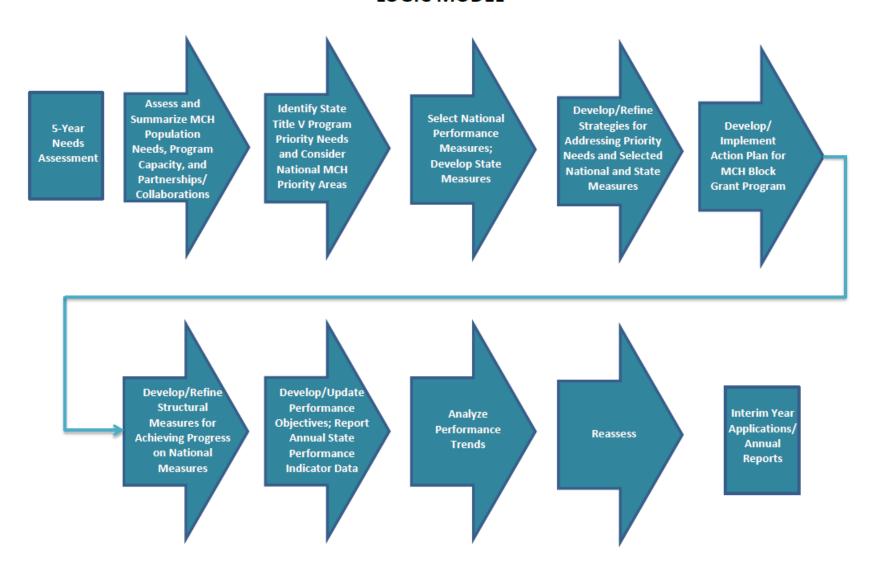
TITLE V MATERNAL AND CHILD HEALTH (MCH)BLOCK GRANT NEEDS ASSESSMENT

"Needs Assessment is a systematic process to acquire an accurate, thorough picture of the strengths and weaknesses of a state's public health system that can be used in response to the preventive and primary care services needs for ALL pregnant women, mothers, infants (up to age one), children including children with special health care needs."

PURPOSE OF A NEEDS ASSESSMENT

- Assess the level of need in the population
- Extent to which current resources are meeting or existing programs meet that need
- Evaluate if new programs might fill a gap of unmet need
- Information is utilized to determine priority goals, develop a plan of action, and to allocate funds and resources.

TITLE V MCH BLOCK GRANT NEEDS ASSESSMENT FRAMEWORK LOGIC MODEL

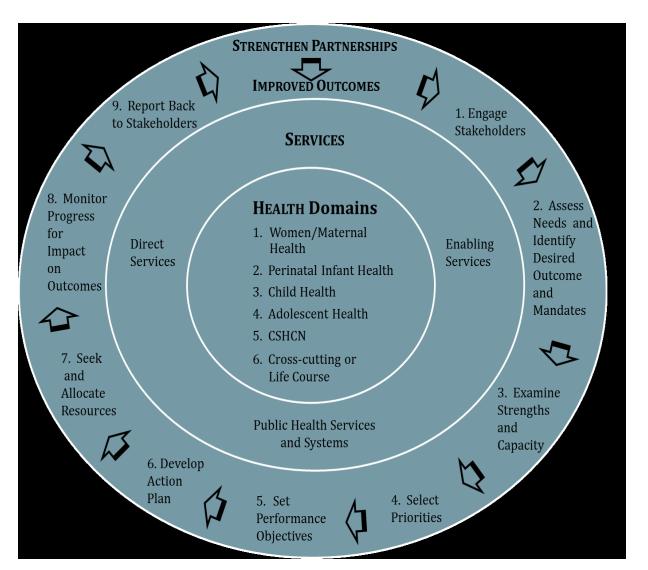


SO WHAT IS NEEDS ASSESSMENT TRYING TO DO?

- Bridge science and politics
- Identify data sources and values of the community
- Identify needs of the community
- Identify **capacity** and **will** to address needs
- Identify **strategies** to address needs

...All within one comprehensive process

STATE TITLE V MCH PROGRAM NEEDS ASSESSMENT, PLANNING, IMPLEMENTATION AND MONITORING PROCESS



MCH NEEDS ASSESSMENT: CORE ACTIVITIES

• Part 1: Qualitative—Stakeholder input (Focus groups: Consumers, Providers and Agencies)

• Part 2: Quantitative—Epidemiological Analysis of MCH Indicators

 Part 3: Capacity—Ability and Support to Address Needs

• Part 4: Identification of state MCH priorities

PROGRAM EVALUATION

- Program evaluation focuses on addressing whether the intervention is working.
- Evaluation includes questions related to how and if a program is working as it was intended and if there are any unintended consequences
- Types of evaluation:
 - Formative
 - Process
 - Impact
 - Outcomes or Summative Evaluation

RESOURCES FOR PROGRAM PLANNING AND EVALUATION

- Building Healthy Communities, and the W. K. Kellogg Foundation
- The Framework for Program Evaluation in Public Health (Centers for Disease Control and Prevention 1999)
 - https://www.cdc.gov/mmwr/PDF/rr/rr4811.pdf
- Program Evaluation Toolkit (Porteous, et al. 1997)
- The Community Toolbox (Work Group for Community Health and Development 2010 sponsored by the University of Kansas, is a comprehensive website for program planners and evaluators that also links users to a variety of helpful resources

THE COMMUNITY TOOL BOX

- Located within the Community Toolbox website, this toolbox has been recognized as the world's largest resource for supporting community health and capacity building.
- Part J, which covers chapters <u>36</u>, <u>37</u>, <u>38</u>, and <u>39</u>, offers users excellent support for planning and conducting program evaluation.
- Provides a practical step-by-step guide with resources, real world examples, and hyperlinks to other sites.
- https://ctb.ku.edu/en/table-ofcontents/evaluate/evaluation

EVALUATION — A CORE REQUIREMENT FOR EVERY GRANT APPLICATION

ii. Evaluation and Performance Measurement

Maximum Points:25

The extent to which the applicant provides an evaluation and performance measurement data management plan that:

- Describes an evaluation plan consistent with their work plan and the CDC evaluation performance strategy, and that is feasible and likely to demonstrate grantee performance outcomes, including successes and needed improvements.
- Affirms the ability to collect data on the process and outcome performance measures specified by CDC and presented by the applicant in their approach.
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation and reporting of project activities.
- Describes how performance measurement and evaluation findings will be reported, shared, and used to demonstrate the outcomes of the NOFO, and for continuous quality improvement.

Source: https://www.cdc.gov/chronicdisease/about/foa/healthystudents/index.htm

Improving student health and academic achievement through nutrition, physical activity and the management of chronic conditions in schools

INPUTS

Funding -CDC/DPH/SHB

- -Other federal sources
- -Organizational resources
- -Private sources
- -In-kind

Staff 100% qualified FTE

Federal, State, & Local Legislation & Policy

Collaboration, Networks, & Partnerships -MOU

-CDC/DPH/SHB
-Other federal
agencies
-NGOs
-DOH, DOE and
other
State and local
agencies
-MOU

Professional
Development &
Technical
Assistance
-CDC/DPH/SHB
-Other federal
agencies
-NGOs

-Consultants

STRATEGIES AND ACTIVITIES

Priority 1 - Improving Student Health and Academic Achievement through Nutrition, Physical Activity and the Management of Chronic Conditions in Schools

Strategy 1: Infrastructure Development

- SEAs will build infrastructure and capacity within LEAs and schools through implementation of the following activities:
 - Establish and coordinate a state-wide coalition with key school health stakeholders to facilitate
 collaboration and advance the program.
 - Support the adoption of school health councils to advance health promoting strategies in schools by providing resources and guidance.
 - Support use of the SHI for routine assessment to strengthen school health policies, practices, and programs.
 - Use technology to increase the efficiency of communication, dissemination of information, and to support training, program implementation, and evaluation.

Strategy 2: Professional Development and Training

- Promote school health through professional development and training (e.g., Whole School, Whole Community, Whole Child approach, connections between health and academic achievement, and school health tools and resources).
- Support LEAs and schools to improve, implement and evaluate local wellness policies.
- · Support LEAs and schools to improve the school nutrition environment.
- · Support LEAs and schools to improve physical education and physical activity through CSPAP.
- Support LEAs and schools in the development and maintenance of a system to manage chronic health conditions
- Support the role out of school time programs can play in supporting student health and academic
 achievement
- Promote the importance of quality health education curriculum and instruction.

Strategy 3: Technical Assistance

- SEAs will provide technical assistance to support development and adoption of policies and practices that create supportive nutrition environments.
- Support LEAs and schools to create supportive environments for physical education and physical activity through a Comprehensive School Physical Activity Program (CSPAP).
- Foster a systematic approach to address the management of chronic health conditions among students, including disease specific education, managing emergency needs, and care coordination.
- Assist LEAs and schools in the integration of health promoting activities in out-of-school time, such as
 increasing access to healthy foods and beverages, physical activity and care coordination for students
 with chronic health conditions.

Priority 2 - National Professional Development and Training to Improve Student Health and Academic Achievement

Strategy 1: National Professional Development and Training

- Coordinating and providing professional development and training to funded state departments of education by:

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 - Convening a consortium of national and state stakeholders for the purpose of planning and coordinating school health professional development and training.
 - Assessing and identifying key professional development and training needs of Priority 1 SEAs.
 - Developing professional development and trainings that support school health priorities using CDC's
 professional development practices.
 - Delivering up to two, in person, professional development and training events annually that bring together state teams.
 - Offering other professional development opportunities including webinars, blogs, newsletters, Communities of Practice.

SHORT-TERM OUTCOMES ~1 to 3 years

Increased skill among individuals trained to improve school health.

Increased skill in implementing school health policies and practices among individuals or teams

INTERMEDIATE OUTCOMES ~3 to 5 years

Increased % of schools that do not sell less healthy foods and beverages (soda pop or fruit drinks, sport drinks, baked goods, salty snacks, candy).*

Increased % of schools that have established, implemented and/or evaluated CSPAP.*

Increased % of schools that provide case management for students with chronic health conditions.*

Increased % of individuals or teams who have been able to transfer school health skills into practice.

LONG-TERM OUTCOMES ~5 or more years

Increased % of students who ate vegetables 3 or more times per day.

Increased % of students who ate fruit or drank 100% fruit juices two or more times per day.

Increased % of students participating in 60 minutes of daily physical activity.

* These outcomes will be collected using existing surveillance systems and reported by CDC.

THANK YOU!

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